

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32803

State File No. ....

FILED OCT 4 1952

BIRTH NO. 71468 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8935

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u> TOWN <u>2199</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>19 3921 Mc Pherson Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>Infant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9/25/52</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Singel</u>		8. DATE OF BIRTH <u>9/25/52</u>	
9. AGE (In years last birthday) <u>0</u>		10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>1</u> MIN. <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>#####</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>#####</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>C. C. Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lou Workman</u>	
14. NAME OF HUSBAND OR WIFE <u>#####</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>#####</u>	
16. SOCIAL SECURITY NO. <u>#####</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.C. Butler</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelctasis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pre Maturity - 6 Months gestation</u>  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7625</u>		22. I hereby certify that I attended the deceased from <u>9/25</u> , 1952, to <u>9/25</u> , 1952, that I last saw the deceased alive on <u>9/25</u> , 1952, and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John Boone M.D.</u>		23b. ADDRESS <u>634 W. Grand</u>	
23c. DATE SIGNED <u>9-25-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9/26/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Collins Funeral Home</u>	
DATE REC'D BY LOCAL <u>SEP 25 1952</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>10123 St. Charles Rd.</u>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. *Embalming*  
*Ans. Higginbotham*

P. O. Address *10234 N. Charles St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.